

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/543191	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			48			